

TODD STAPLES, COMMISSIONER

P.O. Box 12076 Austin, Texas 78711 ◆ (800) 835-5832 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.agr.state.tx.us

Texas Department of Agriculture

Handling and Marketing of Perishable Commodities Change of Principals and Agents

RPC-403

A	1	¹ VERIFICATION INFORMATION								
SECTION	Fu	ıll Legal Business Name								
SEC	TI	DA Client No.		TDA License No.						
	1 т	PRINCIPALS								
	1	Action to take	Add		Г	Remo	17A	Address Change		
		For Principal type	Director o	r Partner		Office		Stockholder with >25%		
		Mr. Mrs. First Nan		1 1 urtilet		M. I.	Last Name	Stockholder with 2570		
		Address								
		City	State	Zip		Title				
		Action to take	Add			Remo	ve	Address Change		
В		For Principal type	Director o	r Partner	Ę	Office	r	☐ Stockholder with >25%		
SECTION B		☐ Mr. ☐ Mrs. First Name ☐ Ms. ☐				M. I.	Last Name			
		Address								
		City	State Zip			Title				
		Action to take Add			Remove			Address Change		
		For Principal type	Director o	r Partner		Office	r	☐ Stockholder with >25%		
		☐ Mr. ☐ Mrs. First Name ☐ Ms. ☐				M. I.	Last Name			
		Address								
		City	State	Zip		Title				

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name

	1 - crayma									
	1 A	AGENTS								
		Action to take		Add		Rem	ove	Address Change		
		For Agent type		Transpor	ting Agent	Buy	ng Agent			
		☐ Mr. ☐ Mrs. First Name				M. I.	Last Name			
		☐ Ms. ☐								
SECTION C		Address								
		City		State Zip		Title				
EC		Action to take		Add		Rem	ove	Address Change		
S	For Agent type Transp		Transpor	ting Agent	Buy	Buying Agent				
		☐ Mr. ☐ Mrs. Fin	Mr. Mrs. First Name			M. I.	Last Name			
		☐ Ms. ☐								
		Address								
					<u>, </u>					
		City		State	Zip	Title				
	1 m	PAYMENT								
	Please see instructions for applicable fees.									
D	**									
SECTION D										
TI	Method of Payment (payable to Texas Department of Agri Check # Cashier's Check #									
SEC	Δ.r						Mail to: Texas Department of Agriculture			
J ₂	\$	Amount remitted			P.O. Box 12076, Austin, TX 78711-2076					
		TDA USE ONLY Receipt No.				Date Receipt Issued				
	TDA USE ONLY Receipt No.					Dute Receipt issued				
	¹ S	SIGNATURE								
	Ву	By submitting changes to licensing information, the person submitting the changes certifies that he or she is								
모		authorized to make such changes on behalf of the licensee and that all information provided is true and correct to								
SECTION E		the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial,								
	revocation, or non-renewal of any affected license and/or assessm									
	Applicant Name					assessinen	Title			
	Tipphoant Tunio									
	Ar	Applicant Signature					Date / /			
	r						month day year			

L	egal Business Name
Œ	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents.
LIC	☐ Handling and Marketing of Perishable Commodities Change of Principals and Agents
SECTION	Fee (see instructions for assistance with calculating the correct fee), if applicable.
S	Please note that an incomplete application may result in processing delays.